MDR: M4-04-4887-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on January 5, 2004.

## I. DISPUTE

Whether there should be reimbursement for CPT codes 97010 rendered on 8/1/03 and CPT codes 97022, 97035, 97110, 97124, 97140 and 97530 rendered on 8/30/03.

## II. RATIONALE

Review	of the	request	or's posi	tion stat	ement 1	noted	on th	ie "Table	of D	Disputed	d Servi	ces" s	tates,
"Sent	UPS	tracking	126A349	9Ro2511	40968	called		. S/w	_ gave	e Cl# d	letail m	essag	e left
10/31/03	3 9:49	am faxe	d again t	o 21	14-721-	7969	11/26	0/03 calle	d to c	onfirm	recvd	my fa	x left
message	$\rm s/w$	12/23	/03 said s	she w/ca	ll back	when s	she cl	hecked no	o c/b o	over 45	days."		

Review of the respondent's position for denial, dated 11/6/03 states in part, "RE:...DOS 9/3/03.

Per Medicare guidelines time units of physical medicine must include documentation that reports actual amount of time spent on cumulative basis.

Please re-submit ub92 along with required documentation. ..."

According to the TWCC Advisory 2003-13, The Commission has adopted CMS payment policies in §134.202, Medical Fee Guideline (MFG); Therefore, the disputed charge will be reviewed according to the CMS payment policies in §134.202.

The requestor and respondent did not submit copies of EOBs for the disputed charges. The requestor did not submit relevant information to met the documentation criteria set forth by the Medicare Guidelines. Therefore reimbursement is not recommended for the dispute charges.

## III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement for CPT codes 97010, 97022, 97035, 97110, 97124, 97140 and 97530.

The above Findings and Decision is hereby issued this  $5^{th}$  day of April 2004.

Margaret Q. Ojeda Medical Dispute Resolution Officer Medical Review Division

MQO/mgo